

CERTIFICATION OF VITAL RECORD

STATE OF MAINE

Name Known to Physician (a.k.a)		Department of Health and Human Services				118-2015-506009	
		Certificate of Death				State File Number	
Decedent	1a. First Name Wayne	1b. Middle Name R.	1c. Last Name Leach		1d. Suffix << >>		
	2. Date of Death Actual date of death May 19, 2015	3. Sex Male	4. Social Security Number [REDACTED]	5a. Age (yrs) 77	5b. Under 1 Year Months Days	5c. Under 1 Day Hours Minutes	6. Date of Birth December 12, 1937
	7. Birthplace Ellsworth, Maine		8. Was Decedent Ever in U.S. Armed Forces? No		9. Place of Death Nursing Home/Long Term Care Facility		
	10. Facility Name Mount St Joseph Nursing Home		11. County of Death Kennebec		12. City or Town of Death Waterville		
	13. Marital Status at Time of Death Divorced		14. Surviving Spouse/Partner		15. Decedent's Usual Occupation Truck Driver		16. Kind of Business / Industry Trucking
	17. Education Some college credit, but no degree		18. Ancestry English		19. Race White		
	20. Residence State Maine	21. Residence County Kennebec	22. Residence City or Town Winslow		23. Residence Street and Number 70 E Palmer Road		
	24a. Parent First Name Walter	24b. Middle Name R.	24c. Last Name Prior to First Marriage Leach		24d. Suffix Unknown		
	25a. Parent First Name Madeline	25b. Middle Name Unknown	25c. Last Name Prior to First Marriage Scott		25d. Suffix Unknown		
	Informant		26. Informant Name Clark Leach		27. Mailing Address 70 E Palmer Road Winslow, Maine 04901		
Disposition	28. Method of Disposition Cremation		29. Date of Disposition May 26, 2015		30. Was Body Embalmed? No		
	31a. Place of Disposition Maine Coast Crematory		31b. Location (City or town, state) Searsport, Maine				
	32a. Signature of Funeral Practitioner or Authorized Person → Dan C Adams Signature Electronically Authenticated		32b. Name and Address of Facility or Authorized Person Dan & Scott's Cremation and Funeral Service (Skowhegan) 445 Waterville Rd, Skowhegan, Maine 04976				
Certifier	33a. Signature and Title of Certifier To the best of my knowledge, death occurred at the time, date, and place, due to the cause(s) and manner as stated. → /S/ Monica Finley Certified Nurse Practitioner					33b. Date Signed May 22, 2015	
	33c. Name and Address of Certifier Monica Finley 992 Union Street, Bangor, Maine 04401					34. Was Body Viewed After Death? Not Applicable	
Cause of Death	35. Time of Death 05:55 PM Actual time of death		36. Manner of Death Natural		37. Medical Examiner Case Number		
	38. Part I.					Approximate Interval Between Onset and Death < 6 mo	
	Immediate Cause of Death (Final disease or condition resulting in death) → a. Glioblastoma Due to (Or as a consequence of):						
	Sequential list of other conditions, if any, leading to immediate cause. The underlying cause (Disease or injury which initiated events resulting in death) is entered last. → b. Due to (Or as a consequence of):						
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.							
Registrar	39. Signature of Registrar → Martha L Henson Signature Electronically Authenticated					40. Date Filed May 29, 2015	

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE ABSTRACT OR COPY OF A CERTIFICATE OR RECORD WHICH IS IN MY OFFICIAL CUSTODY.

1 AUG 19 2015

TOWN OF:

DATE ISSUED:

Martha L. Henson
STATE REGISTRAR

ATTEST:

STATE REGISTRAR/MUNICIPAL CLERK/STATE ARCHIVIST

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

VS-31

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

